



Chợ nổi Cái Răng –Cần Thơ

Đau mặt ngoài đùi khi gấp gối

Hồ Quang Hưng

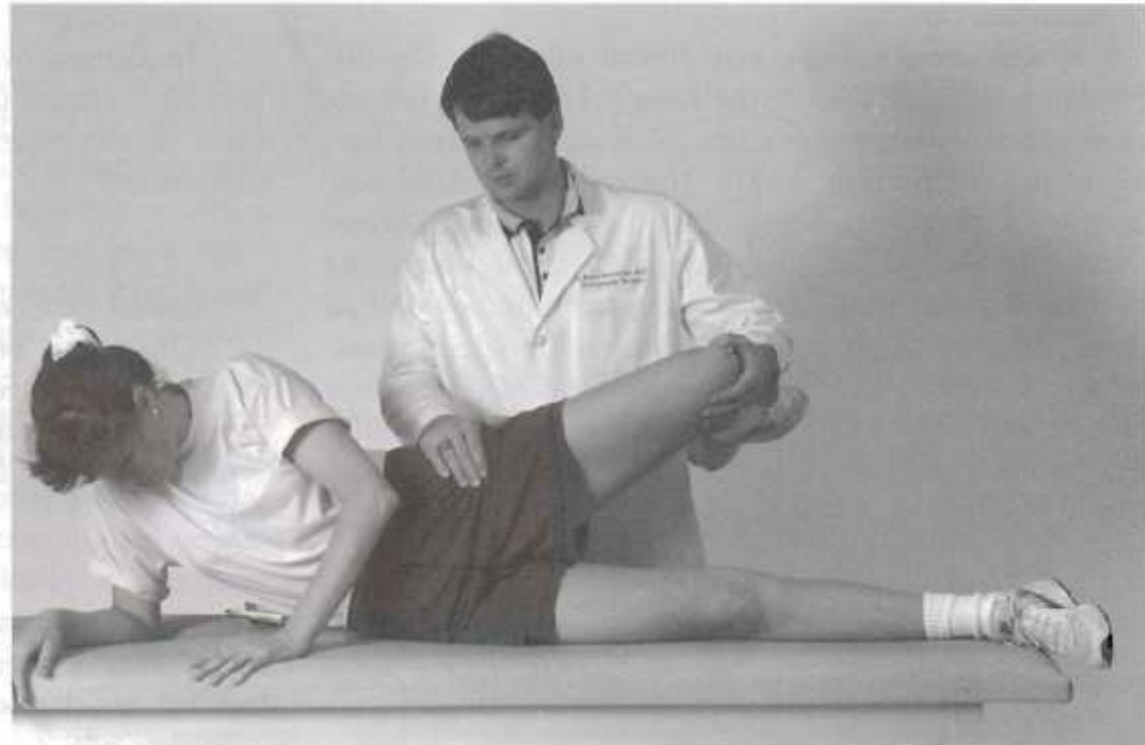
10/11/2011

- Nam, 63T, Sóc Trăng, nông dân
- Bệnh 1,5 tháng. TNGT, may vết thương 2 lần do nhiễm trùng. Tự tập, đi co gối háng, chịu sức nặng tối thiểu
- Nay than cứng gối, gấp mạnh thì đau mặt ngoài đùi



Ober test

Figure 4-49. Ober test. With the patient in the lateral position and the involved leg up, the pelvis is stabilized and the hip is abducted and extended. The leg is then allowed to adduct toward the table. In a normal test, the upper knee will reach the table. In an abnormal test, the knee will remain tethered by a tight iliotibial band and will fail to reach the table.



Chân bình thường



Chân bệnh



Chân bình thường



Chân bệnh



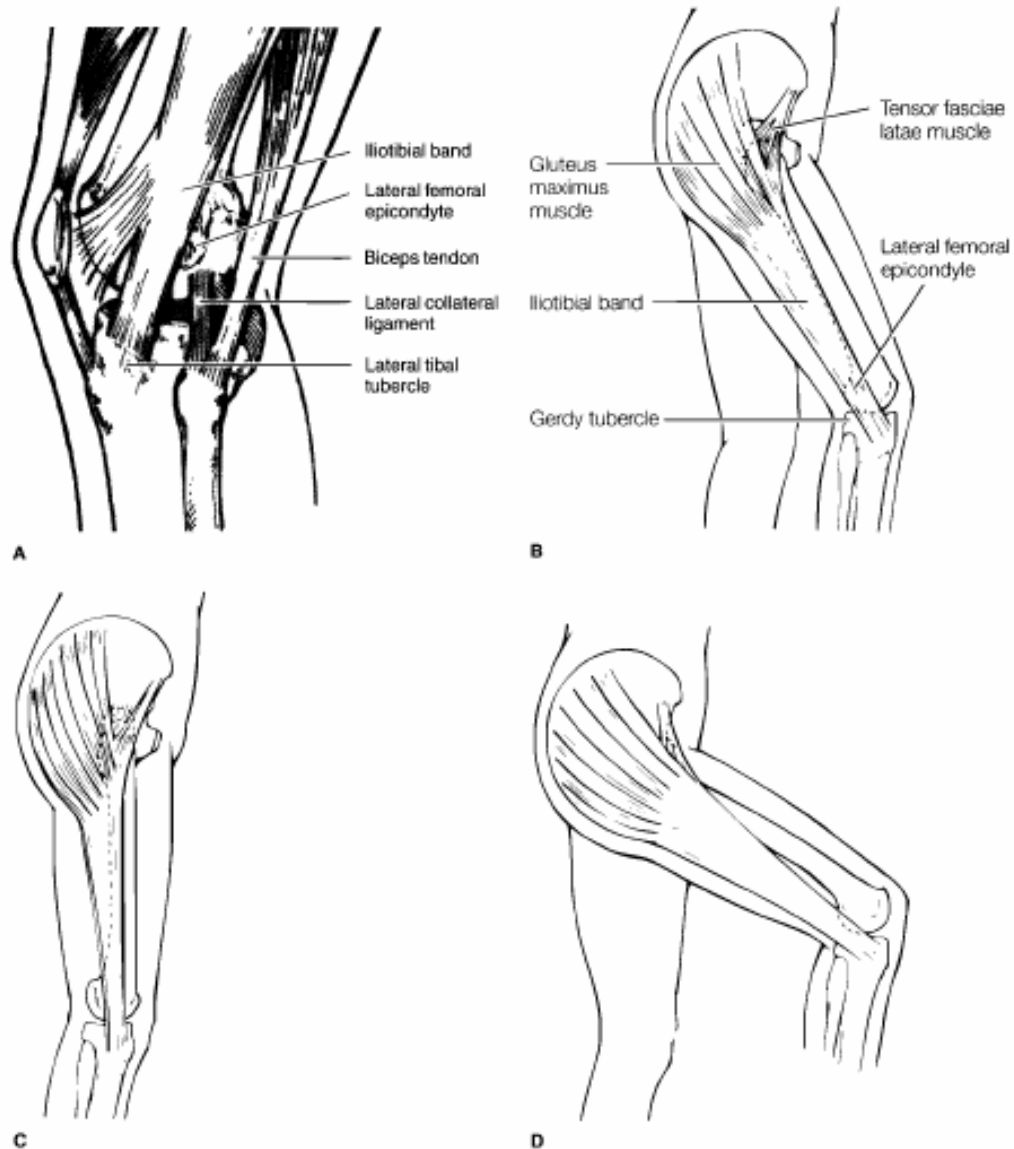


Figure 4-60. A, Anatomy of the lateral aspect of the knee showing the location of the iliotibial band. B, With the knee in approximately 30 degrees of flexion, the iliotibial band lies over the lateral femoral epicondyle. C, With the knee between 30 degrees of flexion and full extension, the iliotibial band is anterior to the lateral femoral epicondyle and assists in extension. D, With knee flexion greater than 30 degrees, the iliotibial band is posterior to the lateral femoral epicondyle and assists in flexion. (A, From Lineger JM, Christensen CP: Is the iliotibial band syndrome often overlooked? *Physician Sports Med* 20:98-108, 1992; B-D, from Aronen JG, Chronister R, Regan K, Hensien MA: Practical conservative management of iliotibial band syndrome. *Physician Sports Med* 21:[9]: 59-69, 1993.)



Rehabilitation Protocol

Iliotibial Band Friction Syndrome in Runners

Brotzman

- Rest from running until asymptomatic.
- Ice area before and after exercise.
- Oral NSAIDs.
- Relative rest from running and high-flexion-extension activities of the knee (cycling, running, stair descent, skiing).
- Avoid downhill running.
- Avoid running on pitched surfaces with a pitched drainage grade to the road.
- Use of soft, new running shoes rather than hard shoes.
- Use of iontophoresis if helpful.
- Steroid injection into bursa if required.

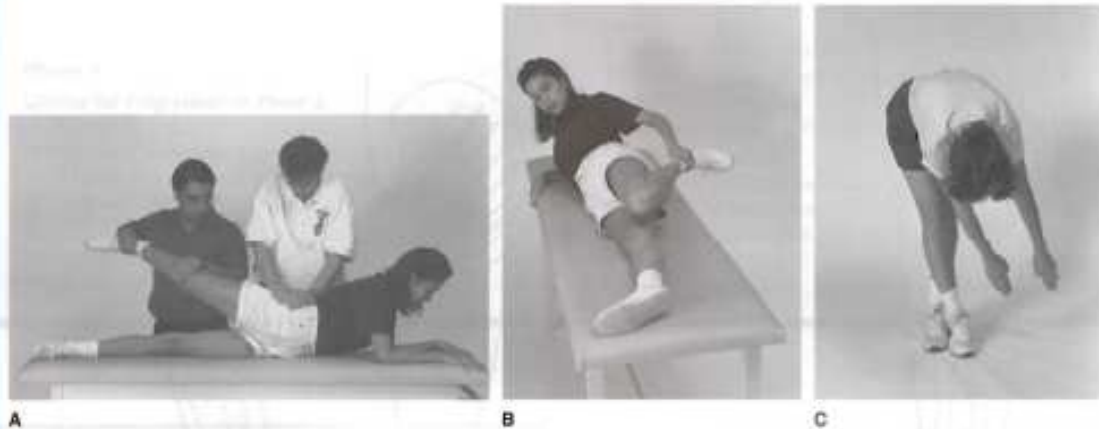


Figure 4-61. A, Two-person Ober stretch. B, Self-Ober stretch. C, Cross-over lateral fascial stretch (the involved leg crosses behind the uninvolved leg). D, Leaning lateral fascial stretch (the involved leg is closer to the wall). E, Posterior fascial stretch, including gluteus maximus and piriformis. F, Quadriceps self-stretch.

Gối gập hay
đuỗi?

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Clinical Biomechanics
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Influence of knee positions and gender on the Ober test for tightness of the iliotibial band

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Assessment of Stretching of the Iliotibial Tract With Ober and Modified Ober Tests: An Ultrasonographic Study

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Modified Ober Test

Ober test

The Ober test is used to assess iliotibial band flexibility. The test is done with the patient in a side-lying position with the leg being measured up above the other. The lower hip is flexed to flatten lumbar lordosis and stabilize the pelvis. The examiner, positioned behind the patient, gently grasps the leg proximally just below the knee, flexes the knee to apply a mild stretch on the quadriceps, and flexes the hip to 90 degrees to flatten the lumbar lordosis. The hip is then extended to neutral, and any flexion contracture is noted. With the opposite hand at the iliac crest to stabilize the pelvis and prevent the patient from rolling backward, the examiner maximally abducts and extends the hip. The abducted and extended hip is then allowed to adduct by gravity while the knee is kept flexed, the pelvis stabilized, and the femur in neutral rotation. Generally, the thigh should adduct to a position at least parallel to the examining table. Palpation proximal to the lateral femoral condyle with the iliotibial band on stretch is frequently painful to patients with iliotibial band and lateral retinacular tightness. When this is found, iliotibial band stretches become a valuable part of the treatment plan. Again, bilateral comparison is important. Ober's position is useful in the treatment (stretching) as well as in the diagnosis of iliotibial band tightness.